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(54) **RETINA MASSAGE AND SMOOTHING
DEVICE**

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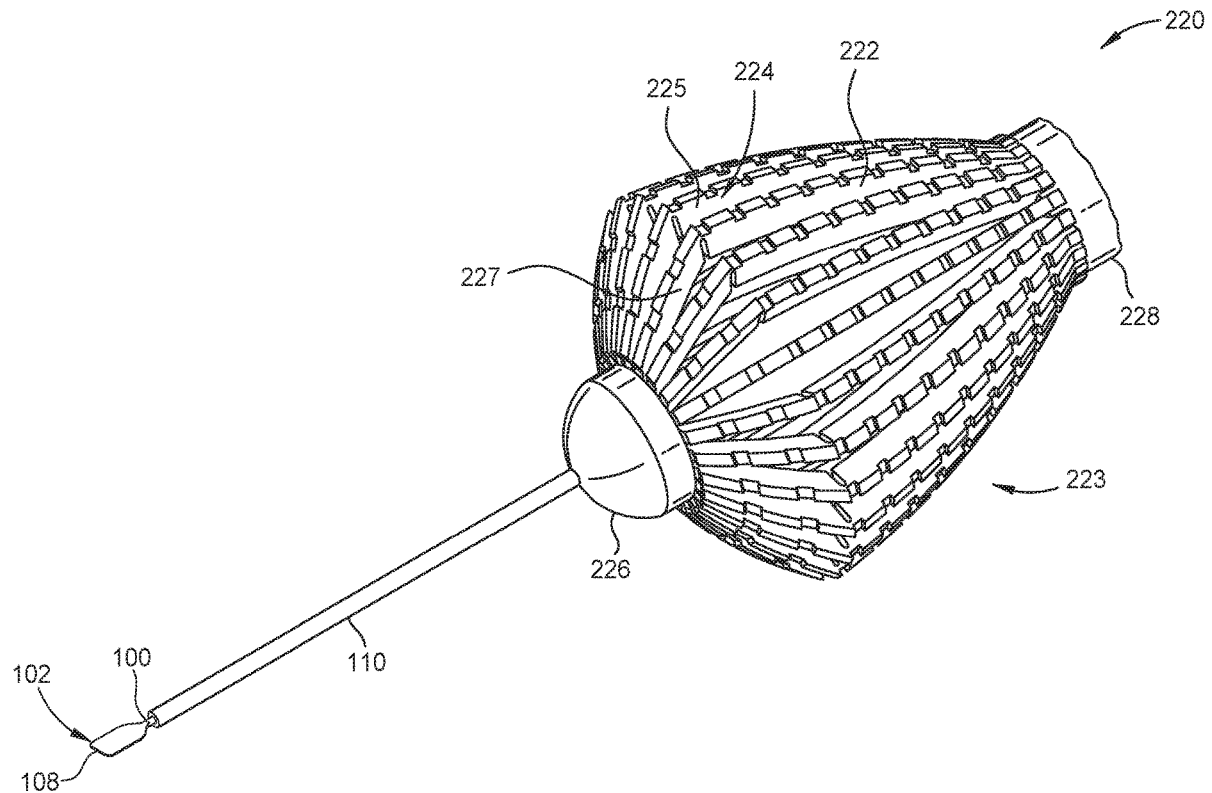
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(57)

ABSTRACT

Particular embodiments disclosed herein provide a retina massage and smoothing device. In certain embodiments, the device comprises a tip configured to be used for manipulating a surface of a retina inside an eye, and a shaft coupled to the tip, the shaft having a proximal end configured to be coupled to a handle, wherein the shaft is further configured to be at least partially housed by an outer tube of the handle.



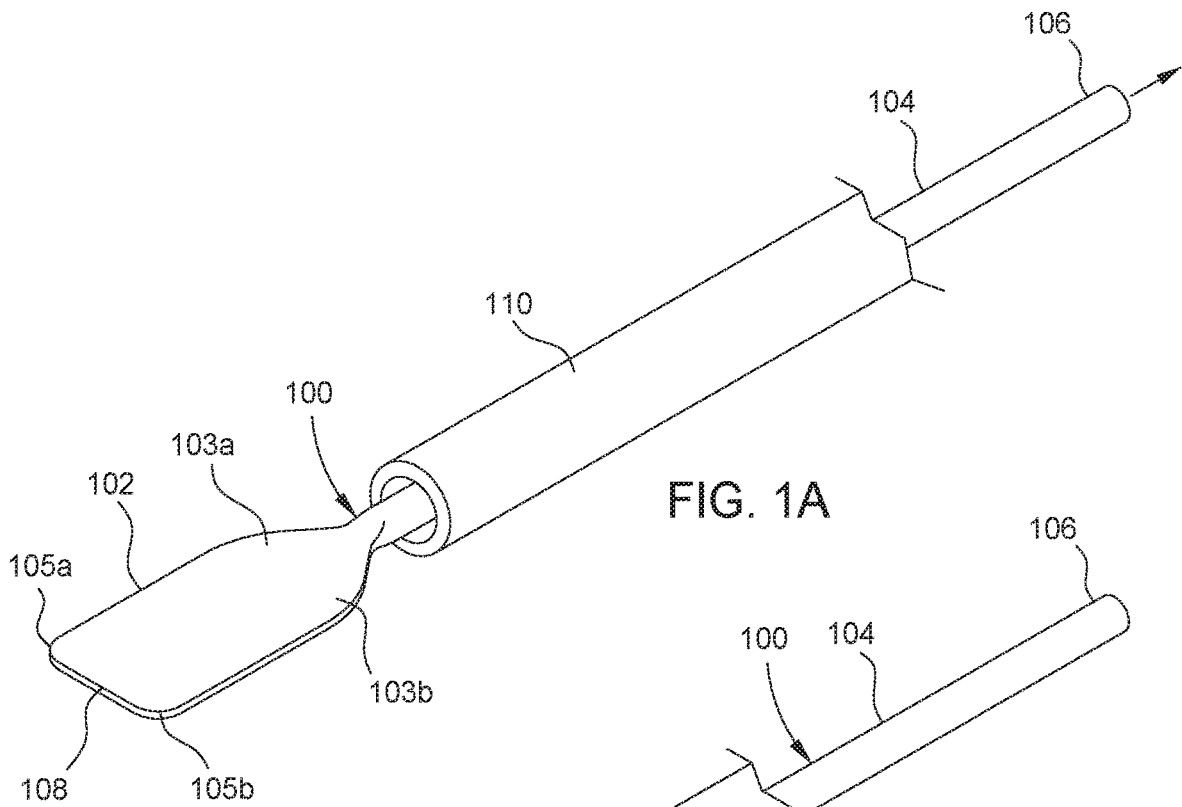


FIG. 1A

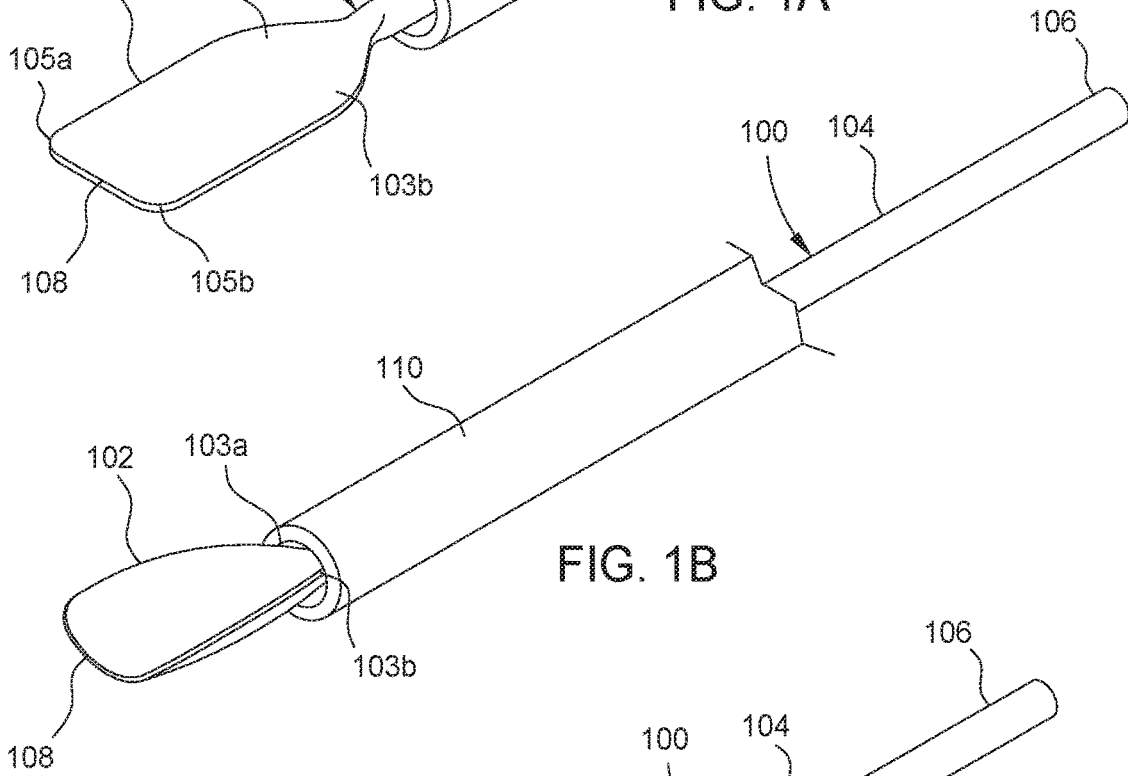


FIG. 1B

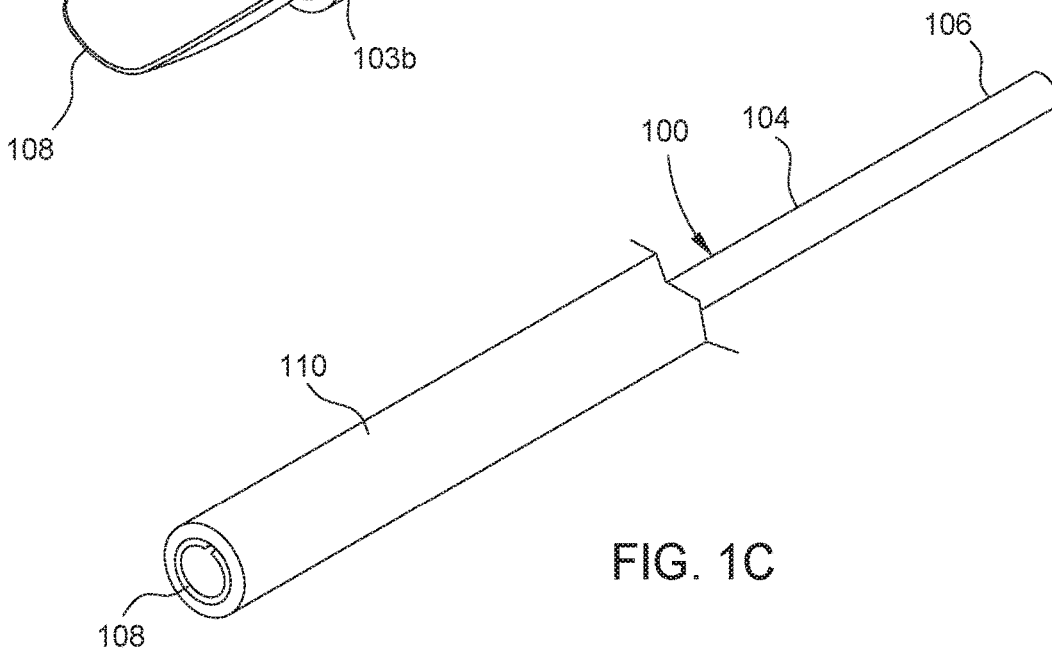


FIG. 1C

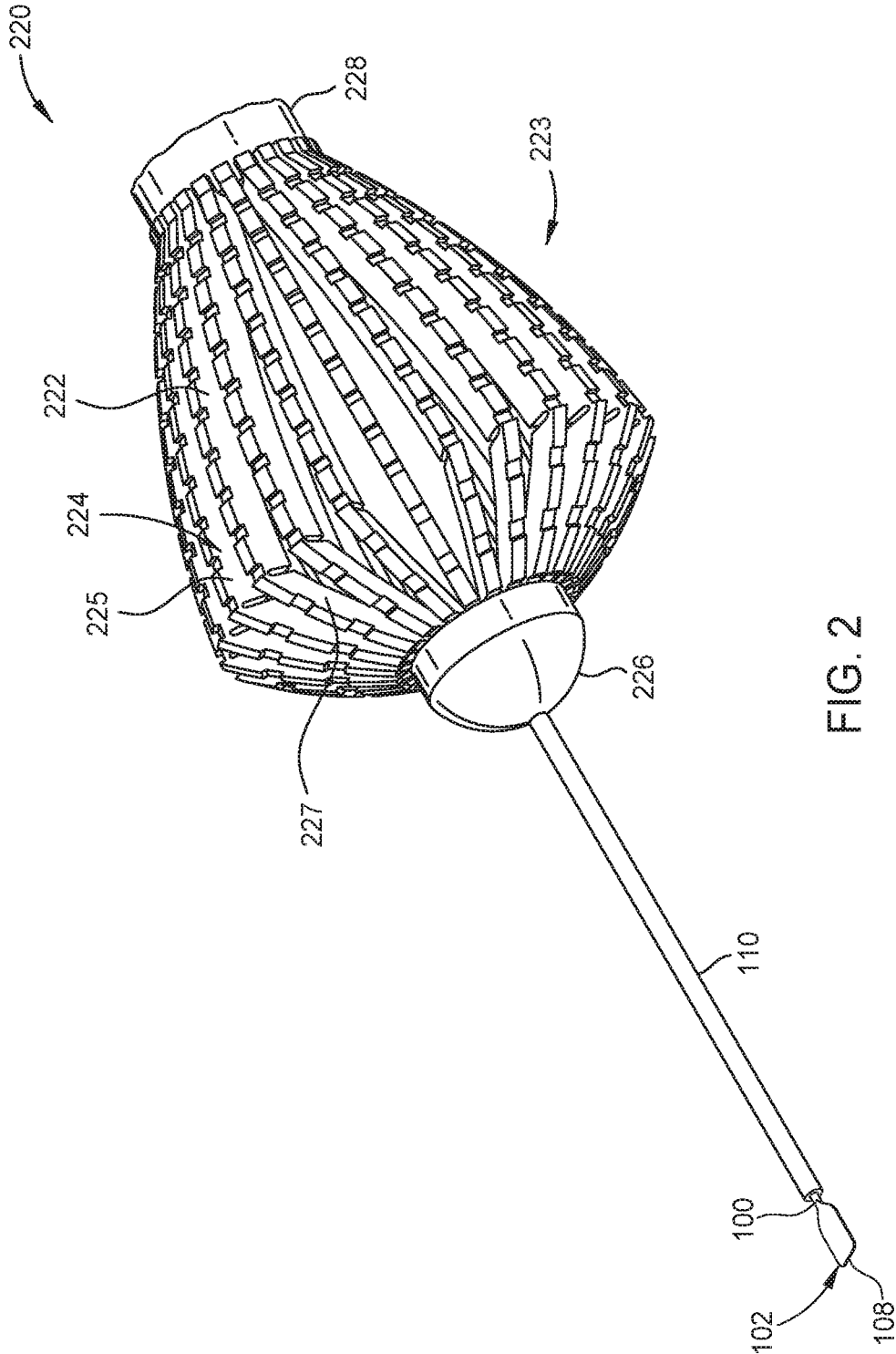


FIG. 2

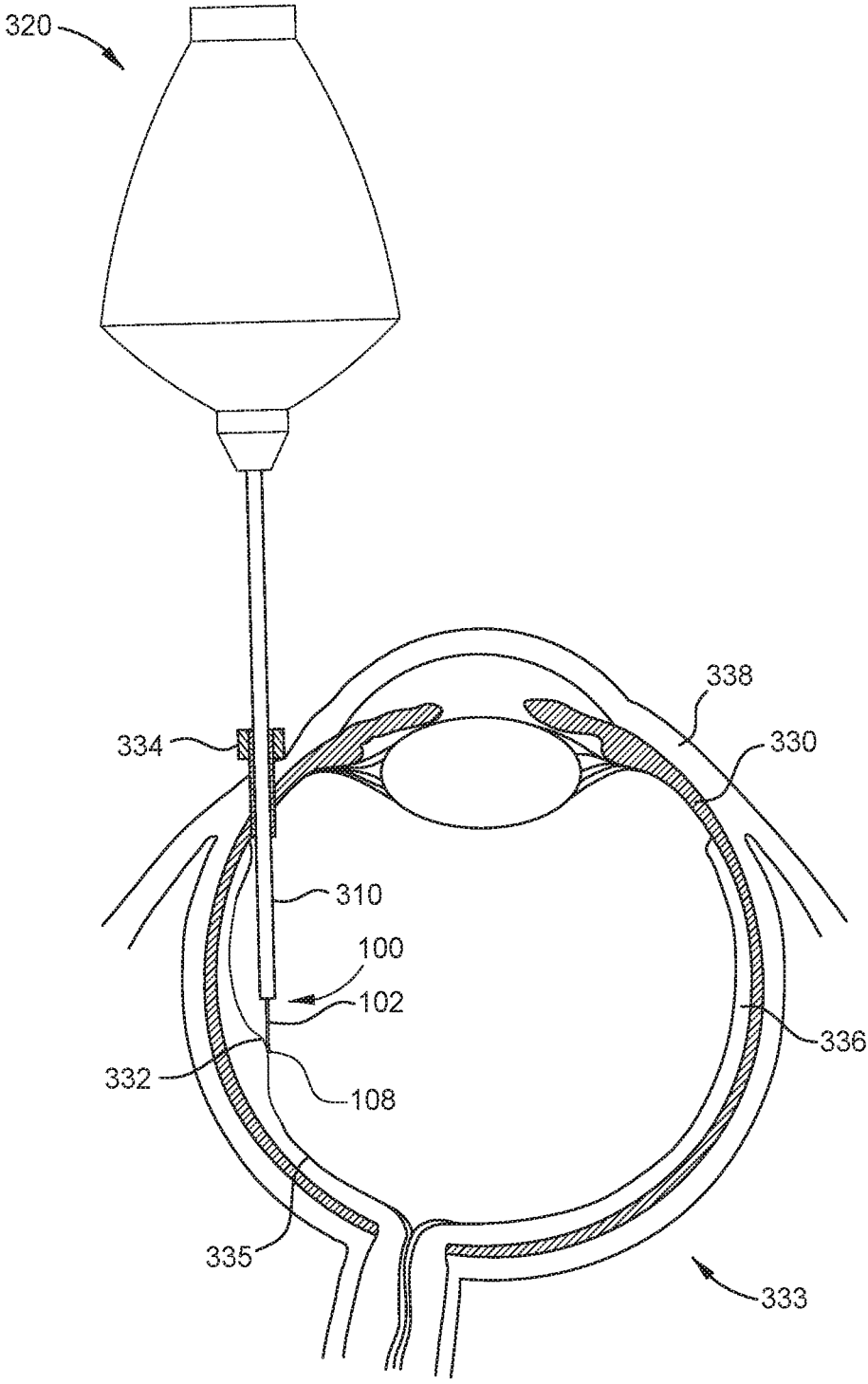
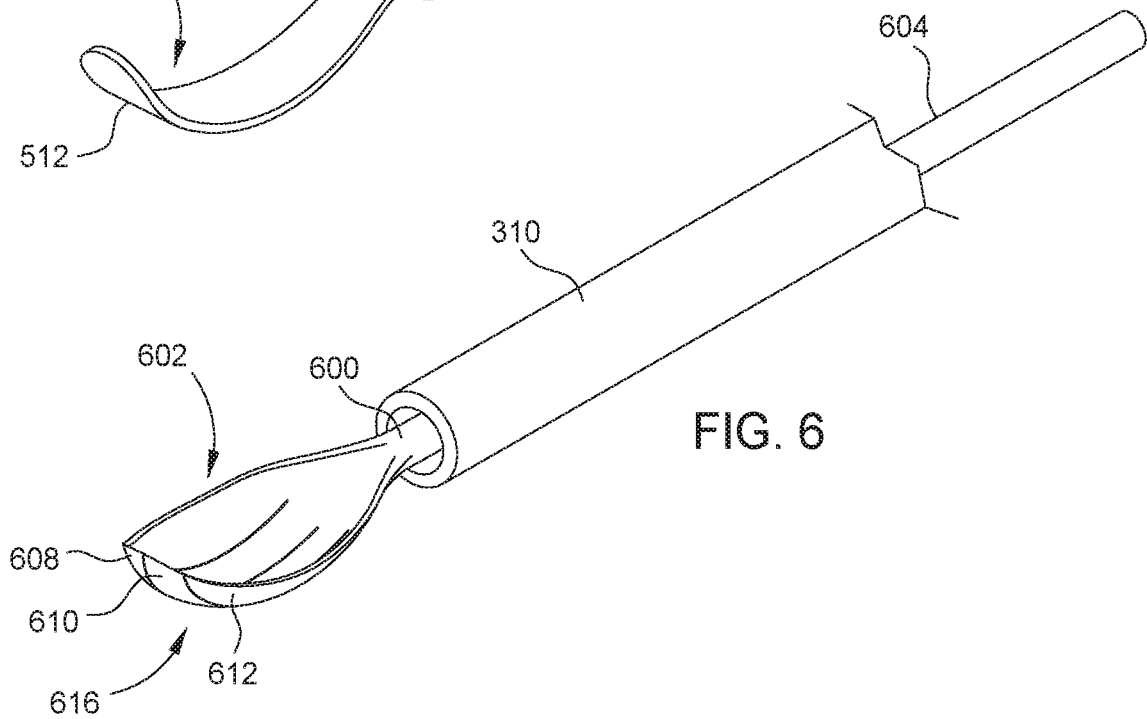
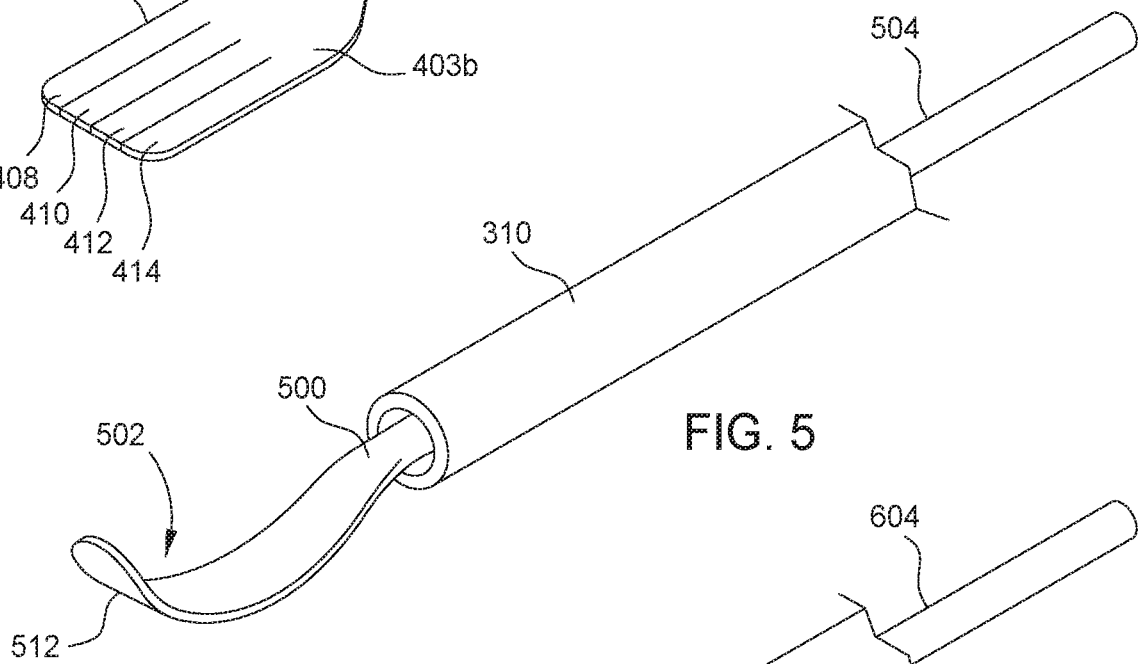
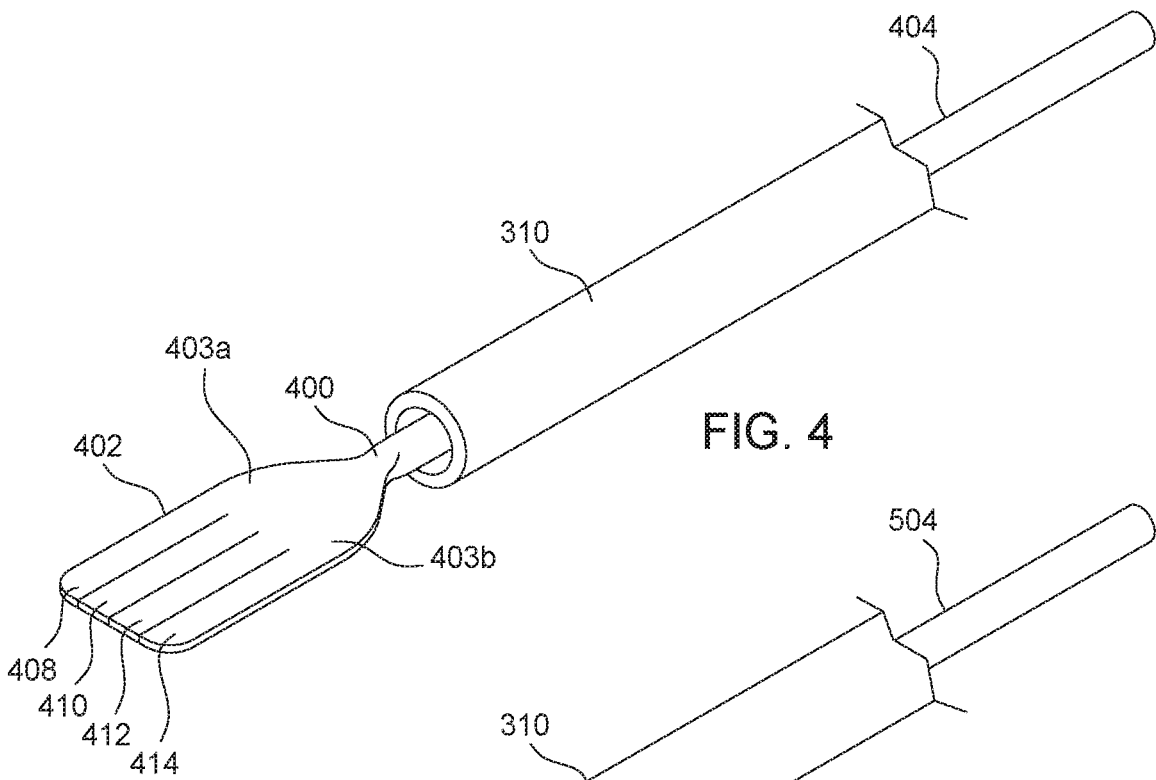


FIG. 3



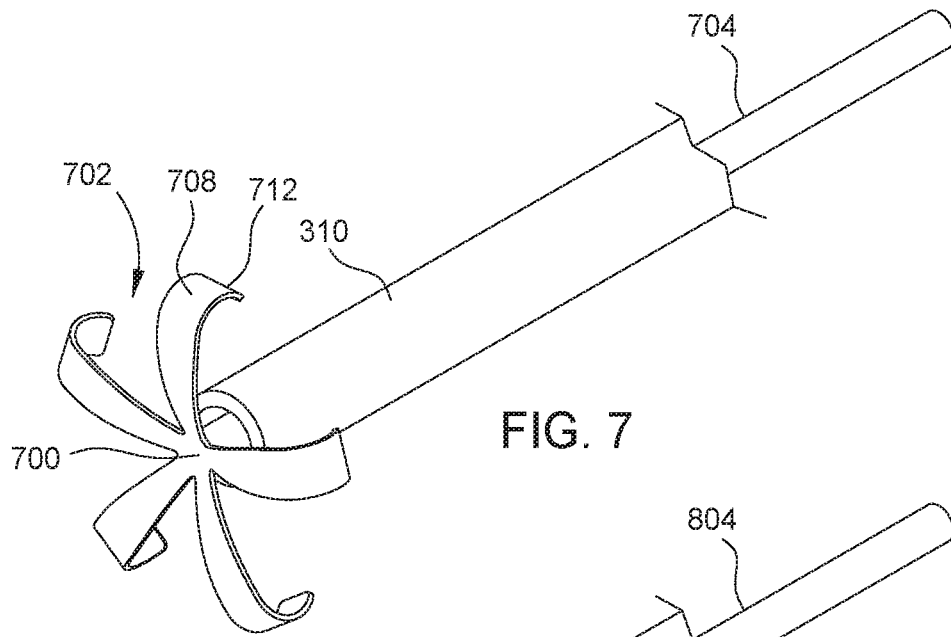


FIG. 7

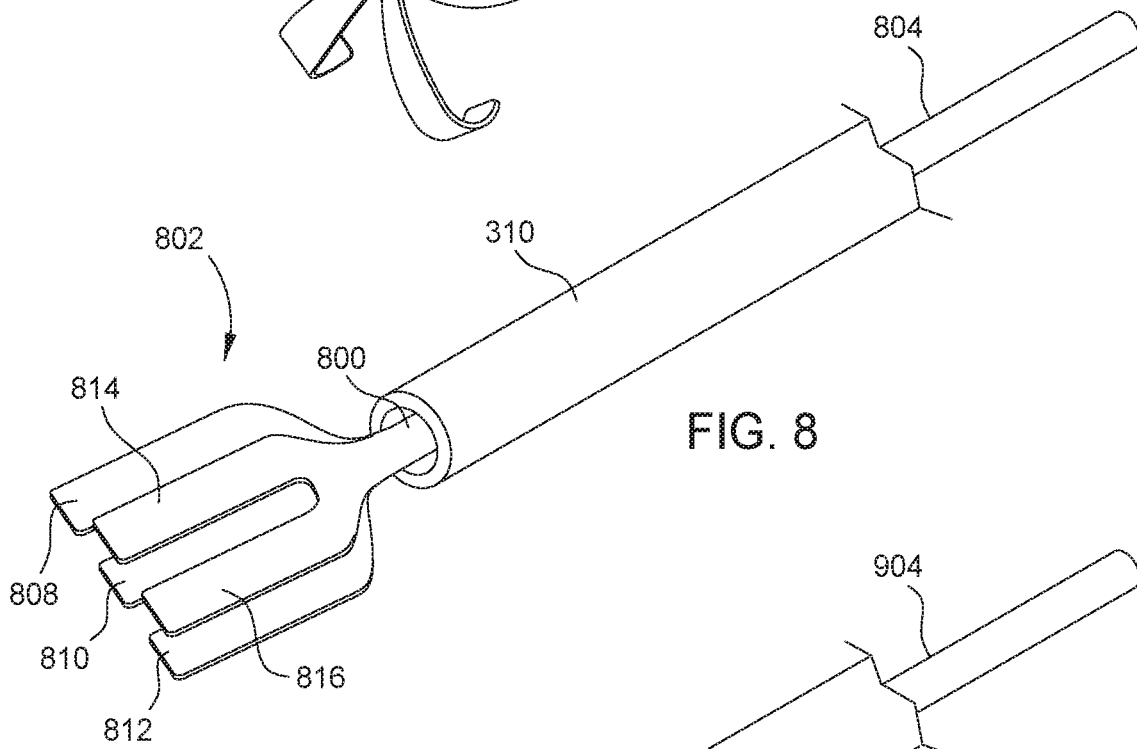


FIG. 8

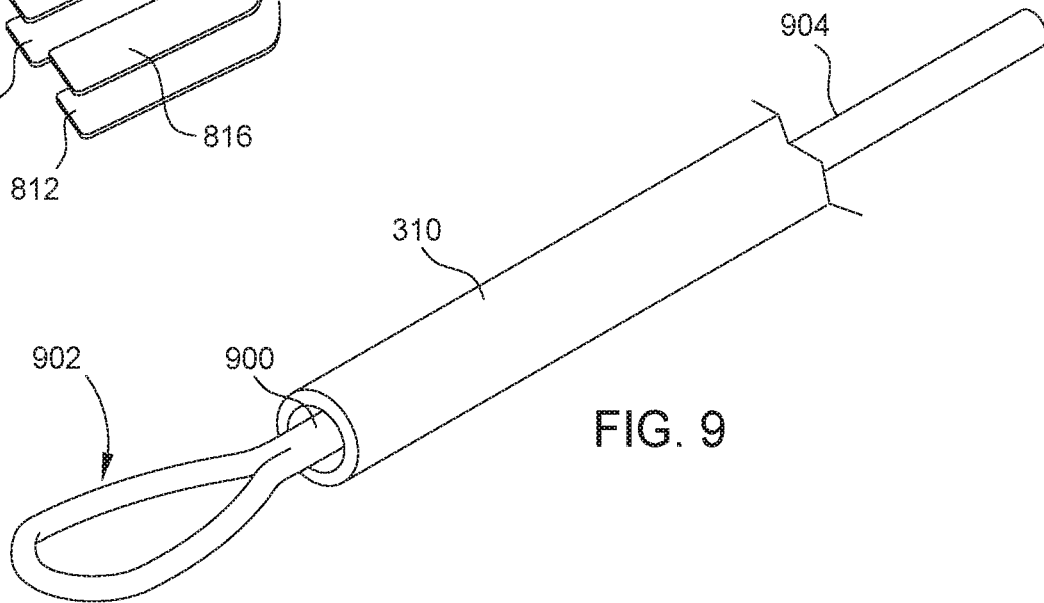


FIG. 9

RETINA MASSAGE AND SMOOTHING DEVICE

PRIORITY CLAIM

[0001] This application claims the benefit of priority of U.S. Provisional Patent Application Ser. No. 62/854,098 titled "Retina Massage and Smoothing Device", filed on May 29, 2019, whose inventors are Niccolo Maschio, Reto Grueebler, and Timo Jung, which is hereby incorporated by reference in its entirety as though fully and completely set forth herein.

TECHNICAL FIELD

[0002] The present disclosure relates generally to a retina massage and smoothing device.

BACKGROUND

[0003] During certain ophthalmic procedures a surgeon may wish to manipulate the retina. As an example, a surgeon may perform a sub-retinal drug injection for treating macular degeneration that is caused by damage to the macula, which is a region of the retina where vision is most acute. In such procedures, it is important that the injected drug reaches an area below the macula, although an injection in the macula may not be possible. Therefore, the surgeon may perform a sub-retinal injection close to the macula hoping that the injected drug, which is in fluid form, flows under the macula. However, in certain cases, the drug may remain under the retina, in a region adjacent to the macula, and create a fluid bubble (similar to a blister bubble) between the choroid and the retina. In such a situation, the surgeon may wish to press on the bubble to smoothen the surface of the retina and force the fluid to flow to the area under the macula. However, the instruments currently used by surgeons to direct the fluid to the macula are not suitable for that purpose. For example, certain instruments currently used by surgeons may damage the retina, in certain cases.

[0004] Another example of why a surgeon may wish to manipulate the retina is for treating macular holes. Macular holes develop when the vitreous pulls away, causing the retina to tear in the macular region. Vitreous is a gel-like substance that takes up about four-fifths of the eye's volume. Massaging the retina in the macular region has been reported by surgeons to be beneficial in treating macular holes. For example, in certain cases, massaging the retina may cause the closure of the macular hole. There are other examples of why a surgeon may wish to manipulate the retina, however, the existing instruments may not be necessarily suitable for such a purpose. Manipulating the retina may include, among other things, touching, massaging, pressing on, and/or smoothing the retina.

BRIEF SUMMARY

[0005] The present disclosure relates generally to a retina massage and smoothing device.

[0006] Particular embodiments disclosed herein provide a retina massage and smoothing device comprising a tip configured to be used for manipulating a surface of a retina inside an eye and a shaft coupled to the tip, the shaft having a proximal end configured to be coupled to a handle, wherein the shaft is further configured to be at least partially housed by an outer tube of the handle.

[0007] The following description and the related drawings set forth in detail certain illustrative features of one or more embodiments.

BRIEF DESCRIPTION OF THE DRAWINGS

[0008] The appended figures depict certain aspects of the one or more embodiments and are therefore not to be considered limiting of the scope of this disclosure.

[0009] FIGS. 1A-1C illustrate an example of a retina massage and smoothing device in different states, in accordance with certain embodiments of the present disclosure.

[0010] FIG. 2 illustrates an example of a handle to which the device of FIG. 1 may be coupled to, in accordance with certain embodiments of the present disclosure.

[0011] FIG. 3 illustrates an example of the device of FIG. 1 in use, in accordance with certain embodiments of the present disclosure.

[0012] FIG. 4 illustrates an example of a brush-shaped device, in accordance with certain embodiments of the present disclosure.

[0013] FIG. 5 illustrates an example of a spoon-shaped device, in accordance with certain embodiments of the present disclosure.

[0014] FIG. 6 illustrates an example of a bowl-shaped device, in accordance with certain embodiments of the present disclosure.

[0015] FIG. 7 illustrates an example of an octopus-shaped device, in accordance with certain embodiments of the present disclosure.

[0016] FIG. 8 illustrates an example of a brush-shaped device with multiple brush layers, in accordance with certain embodiments of the present disclosure.

[0017] FIG. 9 illustrates an example of a loop-shaped device, in accordance with certain embodiments of the present disclosure.

[0018] To facilitate understanding, identical reference numerals have been used, where possible, to designate identical elements that are common to the drawings. It is contemplated that elements and features of one embodiment may be beneficially incorporated in other embodiments without further recitation.

DETAILED DESCRIPTION

[0019] Particular embodiments of the present disclosure provide a retina massage and smoothing device. FIGS. 1A-1C illustrate an example of a retina massage and smoothing device ("device") in different states.

[0020] FIG. 1A illustrates device **100** including a tip **102** and a shaft **104**. The distal end of device **100**, which is also the distal end of tip **102**, is shown as distal end **108**. The proximal end of device **100**, which is also the proximal end of shaft **104**, is shown as proximal end **106**. As used herein, the term "proximal" refers to a location with respect to a device or portion of the device that, during normal use, is closest to the clinician using the device and farthest from the patient in connection with whom the device is used. Conversely, the term "distal" refers to a location with respect to the device or portion of the device that, during normal use, is farthest from the clinician using the device and closest to the patient in connection with whom the device is used.

[0021] As shown, shaft **104** is housed by an outer tube **110** of a handle that is configured to retract and extend device **100**. One such suitable handle is the REVOLUTION® DSP

handle marketed by Alcon Vision, LLC of Fort Worth, Tex. Note that only a portion (distal end) of outer tube 110 is shown in FIG. 1A so that shaft 104 and the proximal end 106 of device 100 are visible. FIG. 2 illustrates a more complete view of outer tube 110 and a handle to which outer tube 110 is coupled.

[0022] In certain embodiments, tip 102 is a very thin sheet made of material, such as nitinol, silicone, steel, polyimide, or other similar material. Tip 102 may be referred to as the functional end of device 100 because it is used to manipulate the retina. In certain embodiments, tip 102 includes blunt edges to ensure that manipulating the retina does not cause damage. As shown, tip 102 comprises four corners or vertexes 103a-103b (also referred to as “lower vertexes”) and 105a-105b (also referred to as “upper vertexes”). Vertexes 103a-103b are curved and obtuse to ensure that tip 102 is easily retractable, as further described in relation to FIG. 1B.

[0023] Tip 102 and shaft 104 may be manufactured as a single element or two separate elements. In embodiments where tip 102 and shaft 104 are manufactured as separate components, one of several techniques may be used to couple tip 102 to shaft 104. For example, the proximal end of tip 102 may be glued to the distal end of shaft 104. In another example, the proximal end of tip 102, which may be needle shaped, is inserted into the distal end of shaft 104. In such an example, the distal end of shaft 104 may provide a hollow opening or compartment that is configured to receive the proximal end of tip 102. The proximal end of tip 102, in such an example, may be friction locked or glued into the hollow opening. Shaft 104 may or may not be made from the same material as tip 102. For example, shaft 104 may be made from materials such as stainless steel, phynox, polyimide, polyetheretherketone (PEEK), etc.

[0024] FIG. 1B illustrates device 100 in a partially retracted state. Device 100 is partially retracted when tip 102 is at least partially covered by the distal end of outer tube 110 causing tip 102 to at least partially flex, bend, and/or roll. In FIG. 1B, outer tube 110 has moved in a distal direction in relation to device 100 and is at least partially covering vertexes 103a-103b. As further described in relation to FIG. 2, outer tube 110 may move in a distal direction with respect to device 100 when the handle is at least partially actuated. In certain embodiments, partially retracting device 100 may alter the geometrical shape of tip 102, thereby changing the mechanical attributes of tip 102. More specifically, partially retracting device 100 causes tip 102 to start to bend, flex, and/or roll into outer tube 110, thereby making tip 102 stronger or stiffer along the longitudinal axis of device 100. In certain cases, a surgeon may find that making tip 102 stiffer is beneficial because more force can be applied to the retina during the retina manipulation procedure. Accordingly, by partially retracting device 100, a surgeon is able to make tip 102 stiffer.

[0025] As described above, the obtuse and rounded vertexes 103a and 103b allow for retracting device 100 without much friction. If vertexes 103a-b were more acute and sharper, retracting them would result in more friction between tip 102 and the opening at the distal end of outer tube 110.

[0026] FIG. 1C illustrates device 100 in a fully retracted state. As shown, outer tube 110 has moved even further in a distal direction with respect to device 100, thereby covering the entire tip 102. Tip 102 is configured to completely bend,

flex, and/or roll into outer tube 110 when the handle is fully actuated. A user may fully actuate the handle and place device 100 in a fully retracted state in order to insert outer tube 110 into the eye through an insertion cannula. An insertion cannula is inserted into the eye after making a small incision in the sclera and pars plana. The insertion cannula is configured to allow the user to insert various surgical devices into the eye without causing trauma to the surrounding tissue (e.g., sclera, ciliary, etc.). Retracting device 100 allows the user to insert outer tube 110, and device 100 therein, through the cannula without the tip 102 getting stuck in the insertion cannula or causing damage to the incision in the sclera and ciliary body. Tip 102 is configured or sized such that it can be retracted into an outer tube with a standard size outer diameter (e.g., 20 Ga, 23 Ga, 25 Ga, 27 Ga, etc.).

[0027] Note that a partial or full retraction of device 100, as described herein, may result from either outer tube 110 moving towards the distal end 108 of device 100 in relation to device 100 or device 100 being pulled or drawn back into outer tube 110 and toward the proximal end of outer tube 110. In other words, a retraction of device 100, as defined herein, may result from either of the two scenarios or events. Whether device 100 is retracted as a result of outer tube 110 moving in a distal direction in relation to device 100 or as a result of device 100 being pulled or drawn back into outer tube 110 depends on the configuration of the handle to which outer tube 110 is coupled to. FIG. 2 illustrates one example of a handle, which is configured such that device 100 can be actuated as a result of outer tube 110 sliding in a distal direction with respect to device 100.

[0028] FIG. 2 illustrates an example of a handle to which device 100 of FIG. 1 may be coupled to. As shown, handle 220 comprises a shaft 228, a basket 223 comprising a plurality of actuation levers 224, a housing 226, an actuation or outer tube 110, and device 100. Although not shown, the proximal end of device 100 (shown as proximal end 106 of FIGS. 1A-1C) is either directly or indirectly coupled to shaft 228. In other words, device 100 is positioned within handle 220 such that device 100 does not move in relation to shaft 228. One or more of several techniques or components may be used to directly or indirectly couple the proximal end of device 100 to shaft 228.

[0029] Each actuation lever 224 comprises a first leg 222 and a second leg 227 joined at flexible juncture 225. In other embodiments, the first leg 222 and second leg 227 may be separate pieces coupled together with a hinge. Each actuation lever 224 may be made from shape memory material, such as titanium, stainless steel or suitable thermoplastic. Outer tube 110 may be any suitable medical grade tubing, such as titanium, stainless steel, or suitable polymer and is sized so that device 100 reciprocates easily within.

[0030] Handle 220 is designed so that in use, when the plurality of actuation levers 224 are in their relaxed state, device 100 protrudes or extends beyond the distal end of outer tube 110. In the example of FIG. 2, actuation levers 224 are in their relaxed state, in which case, device 100 extends beyond the distal end of outer tube 110. For example, as shown in FIG. 2, tip 102 of device 100 protrudes beyond the distal end of outer tube 110.

[0031] Squeezing one or more of the actuation levers 224 causes the respective actuation levers 224 to flex at juncture 225, pushing housing 226 forward relative to shaft 228. The forward movement of housing 226 is transferred to outer

tube **110**, causing outer tube **110** to slide forward towards the distal end **108** of device **100**. FIG. 1B illustrates a partial retraction of device **100**, which may result from a user partially (not fully) squeezing one or more of the actuation levers **224**. FIG. 1C illustrates a full retraction of device **100**, which may result from a user fully squeezing one or more of the actuation levers **224**.

[0032] FIG. 2 illustrates only one example of a handle that may be used for operating device **100**. Other handles that are configured to similarly move outer tube **110** towards the distal end **108** of device **100** in relation to device **100** are also within the scope of the present disclosure. As described above, handles that are configured to pull or draw device **100** back into their respective outer tube are also within the scope of the present disclosure.

[0033] FIG. 3 illustrates an example of device **100** in use. As shown, device **100** is used in conjunction with a handle **320** having outer tube **310**. Handle **320** may be any handle, such as handle **220**, that is able to retract device **100** into outer tube **310**. Outer tube **310** is inserted into an eye **333** via an insertion cannula **334**. As described above, insertion cannula **334** is configured to allow the user to insert various surgical devices into the eye **333** without causing trauma to the surrounding tissue (e.g., sclera **338**, pars plana **330**, etc.). Insertion cannula **334** may range from 18 to 27 gauge having a length of 4-8 mm.

[0034] Once outer tube **310** is inserted into eye **333**, the user may release the actuation levers of the handle, causing tip **102** to roll out of the distal end of outer tube **310**. In addition, subsequent to outer tube **310**'s insertion, the user can move handle **320** to vary the position and depth of outer tube **310** within the eye **333**. FIG. 3 shows tip **102** of device **100** from the side. As described above, in certain cases, a sub-retinal drug injection may result in a blister-like bubble **332**. To ensure that the drug reaches the macular region **335** of retina **336**, a surgeon may use the tip **102** to press on bubble **332** and move the drug that has accumulated under bubble towards macular region **335**. In the example of FIG. 3, tip **102** fully extends beyond the distal end of outer tube **310**. However, in certain embodiments, the surgeon may find that tip **102** is not stiff enough to apply enough force on bubble **332**. In such embodiments, the surgeon may partially retract device **100** and continue to manipulate retina **336** with additional force exerted by a stiffer tip **102** (e.g., shown in FIG. 1B).

[0035] Device **100** shown in FIGS. 1-3 is only one example of a device that may be used for a safe and effective manipulation of the retina. FIGS. 4-9 illustrate various types of devices that may be used for retina manipulation by a surgeon.

[0036] FIG. 4 illustrates device **400**, which similar to device **100**, also comprises a shaft **404** that is inserted within outer tube **310**. Device **400** includes a tip **402** having prongs **408**, **410**, **412**, and **414**. Prongs **408**, **410**, **412**, and **414** are separable, thereby allowing tip **402** to function like a brush. For example, each of prongs **408**, **410**, **412**, and **414** are functionally coupled at a proximal end of the prongs **408**, **410**, **412**, and **414**, but are otherwise not coupled to one another allowing them to move with respect to one another. Accordingly, tip **402**, which is sliced, has a lower stiffness than tip **102** of FIGS. 1A-1C, which is a solid sheet. Tip **402** also includes vertexes **403a** and **403b**, which are obtuse and rounded. Similar to tip **102** of device **100**, tip **402** is configured to bend and roll into outer tube **310** when

retracted. For example, when tip **402** is being retracted, prongs **414** and **408** may bend and roll over on top of prongs **410** and **412**. Partially retracting tip **402** makes tip **402** stiffer, similar to tip **102**. Note that in certain embodiments, device **400** may have a larger or smaller number of prongs.

[0037] FIG. 5 illustrates device **500**, which includes a shaft **504** and a partially hook-shaped tip **502**. Tip **502** is curved and has a bottom portion **512**, which may be used for manipulating the retina (e.g., pressing on the retina). The curved shaped of tip **502** provides additional flexibility when the bottom portion **512** of tip **502** is pressed against the retina. For example, tip **502** may further bend when it is pressed on the retina. Using device **500**, the surgeon may manipulate the surface of the retina by sweeping the bottom portion **512** back and forth on the surface of the retina. Tip **502** is configured to straighten to a degree when device **500** is retracted into outer tube **310**.

[0038] FIG. 6 illustrates device **600**, which includes a shaft **604** and a spoon-shaped tip **602** having separable prongs **608**, **610**, and **612**. Because tip **602** is both spoon-shaped and also includes prongs **608**, **610**, and **612**, it may be referred to as a brush-spoon tip. Also, because of tip **602**'s prongs **608**, **610**, and **612**, tip **602** has a lower stiffness than a spoon-shaped tip with no prongs. In certain embodiments, tip **602** may be solid instead of having prongs **608**, **610**, and **612**. Similar to tip **502** of device **500**, tip **602** also comprises a bottom portion **616**, which may be used for pressing the retina. In certain embodiments, prongs **608**, **610**, and **612** are separable. Note that in certain embodiments, device **600** may have a larger or smaller number of prongs.

[0039] FIG. 7 illustrates device **700** having a shaft **704** and tip **702** that includes a plurality of legs **708** that radiate outward from a longitudinal axis of shaft **704**/tip **702**. Each leg **708** also comprises a tip **712** that is curved towards the proximal end of shaft **704**. Utilizing curved tips **712** ensures that the retina is not damaged in case a tip **712** of one or more of legs **708** makes contacts with the retina. Because of its shape, each leg is also flexible such that pressing legs **708** on the retina results in further bending legs **708** towards the proximal end of shaft **704**/outer tube **310**. The configuration of tip **702** may be advantageous because legs **708** are able to cover a larger surface area on the retina as compared to tips with other shapes. For example, a surgeon may place all legs **708** of device **700** on top of a blister-like bubble and move the drug that has accumulated underneath it by just pressing tip **702** against the bubble. In such an example, legs **708** may cover a larger surface or portion of the bubble, allowing tip **702** to apply force on the bubble from different sides. Note that in certain embodiments, device **700** may have a larger or smaller number of legs **708**.

[0040] FIG. 8 illustrates device **800** having a shaft **804** and a brush-shaped tip **802**. Tip **802** comprises a first set of separable prongs **814**, **816** that is laid on top of the second set of separable prongs **808**, **810**, and **812**. In other words, the first set of separable prongs **814**, **816** is adjacent to and in a different plane (e.g., spatial or XYZ plane) than the second set of separable prongs **808**, **810**, and **812**. In the example of FIG. 8, the first set includes two prongs **814**, **816** while the second set includes three prongs **808**, **810**, and **812**. However, in other examples, the first set and the second set may each include different numbers of prongs. Because of the two layers of prongs, tip **802** may have a higher stiffness than a brush-shaped tip with only one layer of prongs (e.g., device **400**), assuming both tips are made from

the same material. In certain embodiments, prongs **808**, **810**, **812**, **814**, and **816** are separable. Also note that, in the example of FIG. 8, the first set of separable prongs **814**, **816** is shorter in comparison to the second set of separable prongs **808**, **810**, and **812**. Such a configuration may be advantageous because it ensures that the tips of the first set of separable prongs **814**, **816** do not extend further than the tips of second set of separable prongs **808**, **810**, and **812** when tip **802** is bent towards the first set of separable prongs **814**, **816**. Otherwise, if the first set of separable prongs **814**, **816** and the second set of separable prongs **808**, **810**, and **812** all have the same length, when tip **802** is bent towards the first set of separable prongs **814**, **816**, the first set of separable prongs **814**, **816** may extend further, resulting in a concentration of force at the tips of the first set of separable prongs **814**, **816**.

[0041] FIG. 9 illustrates device **900** having a tip **902** and a shaft **904**. Tip **902** is a loop-shaped tip. In addition, tip **902** has curved or rounded edges. Therefore, a surgeon is able to manipulate the retina using device **900** without damaging the retina.

[0042] Note that the tips described herein (e.g., tips **102**, **402**, **502**, **602**, **702**, **802** and **902**) may be flexible enough such that when a surgeon presses the tip against the surface of the retina, the tip may flex or bend. In other words, while each of the tips described herein may be stiff enough to manipulate the retina, it is also flexible enough as to not damage the retina. In addition, all of the tips described herein are flexible enough to bend, flex, and/or roll into an outer tube of the handle, as described above.

[0043] The foregoing description is provided to enable any person skilled in the art to practice the various embodiments described herein. Various modifications to these embodiments will be readily apparent to those skilled in the art, and the generic principles defined herein may be applied to other embodiments. Thus, the claims are not intended to be limited to the embodiments shown herein, but are to be accorded the full scope consistent with the language of the claims.

What is claimed is:

1. A device, comprising:

a tip configured to be used for manipulating a surface of a retina inside an eye;

a shaft coupled to the tip, the shaft having a proximal end configured to be coupled to a handle, wherein the shaft is further configured to be at least partially housed by an outer tube of the handle.

2. The device of claim 1, wherein:

the tip comprises a sheet with two lower vertexes and two upper vertexes; and

the two lower vertexes are obtuse and rounded.

3. The device of claim 2, wherein the tip comprises separable prongs.

4. The device of claim 3, wherein the separable prongs comprise four separable prongs.

5. The device of claim 2, wherein:

the tip is configured to be partially retracted into the outer tube; and

the tip is stiffer when it is partially retracted into the outer tube.

6. The device of claim 1, wherein the tip is hook-shaped.

7. The device of claim 1, wherein the tip is spoon-shaped.

8. The device of claim 7, wherein tip comprises separable prongs.

9. The device of claim 8, wherein the separable prongs further comprise three separable prongs.

10. The device of claim 1, wherein the tip comprises a number of legs, wherein each of the number of legs is curved towards the shaft.

11. The device of claim 1, wherein the tip comprises a first set of prongs and a second set of prongs, and wherein the first set of prongs are adjacent to and in a different plane than the second set of prongs.

12. The device of claim 11, wherein the first set of prongs are shorter than the second set of prongs.

13. The device of claim 1, wherein the tip is configured to be retracted into the outer tube.

14. The device of claim 13, wherein the tip is configured to be retracted into the outer tube by rolling into the outer tube.

15. The device of claim 13, wherein the tip is configured to be retracted into the outer tube by flexing.

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